



SLEG

**Small Landlord Emergency Grant Program
Round 2 Application with Step-By-Step Instructions**

Navigate to the Application Portal

- Open an Internet browser. The application works best on Firefox or Chrome.
- Go to www.njhousing.gov/rentals/sleg
- Click on the “Apply Here” button, which will take you to the SLEG Application portal. This button will appear once the application launches on Monday, September 28th at 12 PM EDT and will disappear when the application closes on Tuesday, October 13th at 4 PM EDT.

STATE OF NEW JERSEY
NEW JERSEY HOUSING AND MORTGAGE FINANCE AGENCY

Select Language | Translator Disclaimer

HOME | HOMEOWNERSHIP | RENTERS | COUNSELING | LENDERS | DEVELOPERS | MEDIA ROOM | ABOUT

REOPENED

Have your tenants had difficulty paying rent due to COVID-19?

THERE'S HELP AVAILABLE.

MORTGAGE CALCULATOR | PARTICIPATING LENDERS | HMFA INTEREST RATES

Small Landlord Emergency Grant Program

Small Landlord Emergency Grant Program Round 2

Application Checklist

Frequently Asked Questions

Notice of Funding Availability

New Jersey Housing Resource Center (NJHRC)

Home > Rentals > Small Landlord Emergency Grant Program Round 2

Small Landlord Emergency Grant Program Round 2

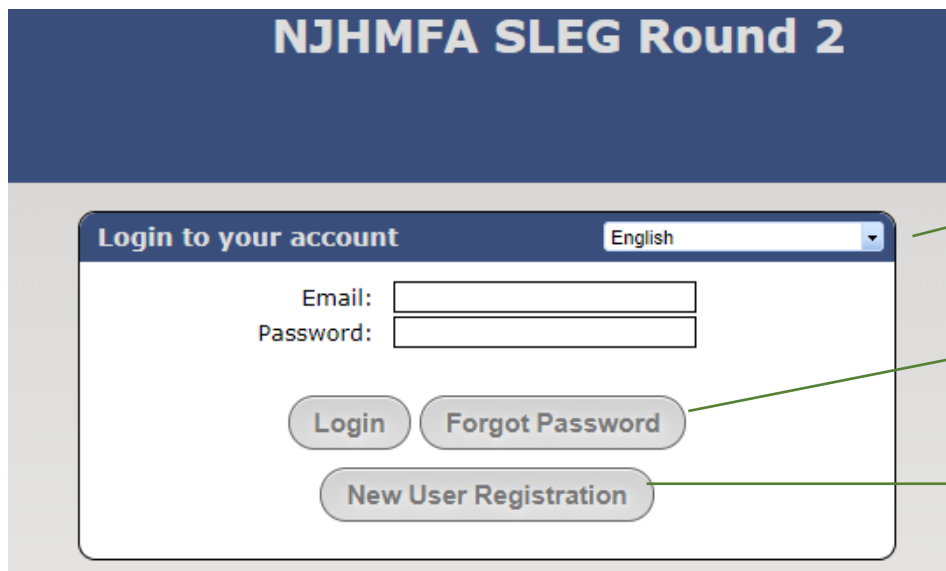
Have your tenants had difficulty making rent payments as a result of the COVID-19 emergency? The Small Landlord Emergency Grant (SLEG) Program is reopening and expanding to reimburse owners of three- to 30-unit rental properties for lost rent revenue due to COVID-19 between April and July 2020, as long as they agree to forgive outstanding back rent and late fees that their tenant accrued during this time.

Applications will be accepted from
September 28 at 12 p.m. EDT to October 13 at 4 p.m. EDT

A link to the application portal will appear here on September 28th at 12 PM

Log In to Your Account

- Whenever you navigate to the SLEG Application Portal, you will need to log in to your account to get access to application(s) that are in progress or submitted. You will need to register as a new user the first time you visit the page.
- The application portal is available in English and Spanish. PDF versions of the application in other languages will be made available at www.njhousing.gov/rentals/sleg. Languages include: Arabic, Gujarati, Hindi, Italian, Korean, Polish, Portuguese, Simplified Chinese, Traditional Chinese, and Tagalog.
- If you are logging into the SLEG Application Portal for the first time, click on “New User Registration.” Only the Primary Property Owner of an applicant property should apply. Property managers and other trusted advisors should not apply on behalf of their clients, and tenants should not apply on behalf of their landlords.
- If you created an account during SLEG Round 1, please log-in using that account information.



Click here to change the application to Spanish.

Click here to recover your password if you forget it.

Click here to register as a New User the first time you open the portal.

New User Registration: Eligibility Questions

- As part of New User Registration, you will be required to attest to your eligibility by checking the boxes to the left of each statement.
- Properties must be registered, inspected and in good standing with DCA's Bureau of Housing Inspection RIMS Database, as of September 22, 2020.
- Units that received funding under SLEG Round 1 are not eligible for Round 2.
- If you do not check each box, you will not be able to create an account.

Eligibility
Please check each box confirming that you meet the program's eligibility requirements.

☐ You own at least one residential rental (i.e. not cooperative or condominium) property in the State of New Jersey.

☐ You are registered as the Primary Property Owner with the New Jersey Department of Community Affairs' (NJDOA) Bureau of Housing Inspection for your property.

☐ Your property or properties are current on their inspections with DCA's Bureau of Housing Inspection and have no current life safety code violations, as of September 22, 2020.

☐ You are NOT a government agency or public housing authority.

☐ You are current on all state and local tax obligations.

☐ Each of the property/properties for which you are applying for assistance has between 3 and 30 total housing units.

☐ NONE of the property/properties for which you are applying are seasonal/vacation rental buildings.

☐ Each of the property/properties for which you are applying has at least one rental unit that has missed or reduced rent payments between April and July 2020 due to the COVID-19 emergency.

New User Registration: Personal Info

- The last step in New User Registration is inputting your personal information as the authorized applicant (i.e., the Primary Property Owner).
- Please note that you may only create one account per email address.

The form contains the following fields and annotations:

- Your Name:** A single-line text input field. An arrow points to it with the text: "This name should exactly match the name of the Primary Property Owner on record in the [DCA RIMS database](#)."
- Phone:** A text input field with a format mask: () - .
- Street Address:** Two stacked text input fields.
- City/State/Zip:** A text input field with a format mask: , - . An arrow points to the state abbreviation part with the text: "Enter the 2-letter abbreviation for your state here."
- Email:** A single-line text input field. An arrow points to it with the text: "Ensure that this is an email address to which you have regular access, and make sure to check your inbox and spam/junk folders often for notifications."
- Confirm Email:** A single-line text input field.
- Password:** A single-line text input field.
- Confirm Password:** A single-line text input field.

At the bottom of the form are two buttons: **Cancel** and **Continue**.

Start an Application for a Property

- When you sign into the SLEG Application Portal, you will see this home page.
- To start a new application, click on “New Application” in the top left corner of the screen.
- If you own multiple rental properties, you will need to add and submit a separate application for each rental property for which you’re applying.

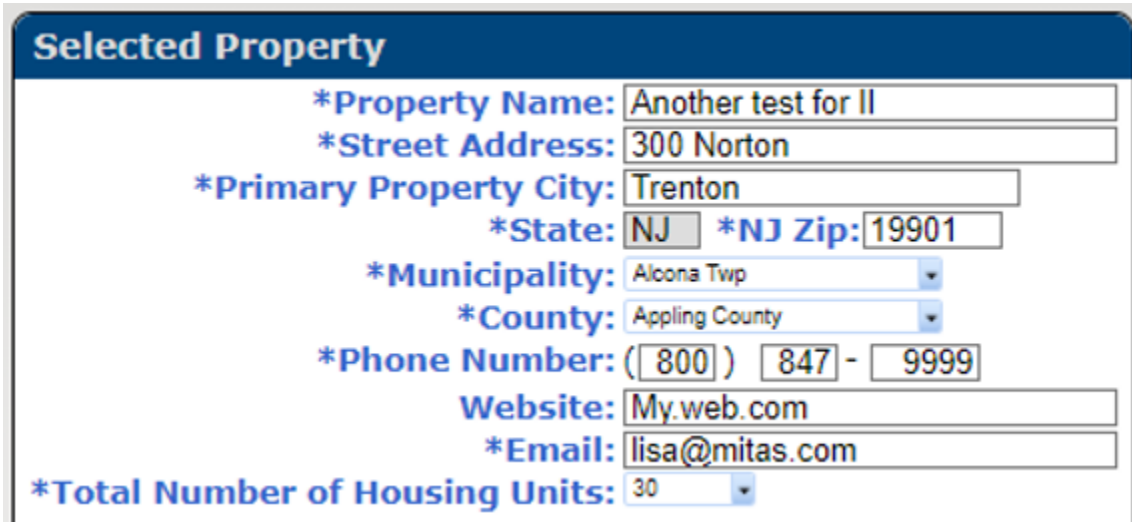


Click here to start your application.

Here's where you'll find a summary of the Applicant information you used to create an account.

Enter your property information

- The first thing to do when you start an application is enter information about your rental property that you are applying to receive assistance. THIS IS NOT MEANT TO BE **YOUR** ADDRESS OF RESIDENCE UNLESS YOU ALSO LIVE IN ONE OF THE UNITS OF YOUR PROPERTY.
- Anything with an asterisk is a required field.



Selected Property

*Property Name: Another test for II

*Street Address: 300 Norton

*Primary Property City: Trenton

*State: NJ *NJ Zip: 19901

*Municipality: Alcona Twp

*County: Appling County

*Phone Number: (800) 847 - 9999

Website: My.web.com

*Email: lisa@mitas.com

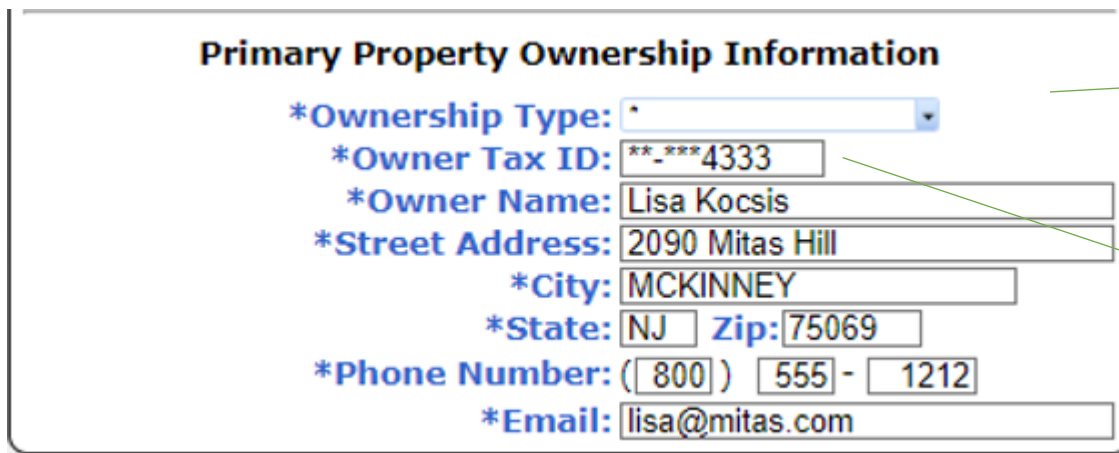
*Total Number of Housing Units: 30

The property name you provide should match the name on record with DCA as the Property Name.

The second round of the SLEG Program is only open to properties with 3-10 units. If you live in one of the units in your property, the total number of housing units would include your unit. However, you may only request assistance for eligible *rental* units in your building.

Enter your property information, cont'd.

- After filling out important details about your rental property, you will need to confirm information about the Primary Property Owner, including your name, ownership type, and address.
- After filling out the “Ownership Type” and “Owner Tax ID,” you can hit the blue hyperlink that says “Copy Owner Info from Self-Registration Page.” This will copy all the applicant information from when you first registered on the platform as a new user.
- It is important that the name you enter here exactly matches the name of the Primary Property Owner listed in the DCA RIMS database, otherwise we won’t be able to review your application.



Primary Property Ownership Information

*Ownership Type:

*Owner Tax ID:

*Owner Name:

*Street Address:

*City:

*State: Zip:

*Phone Number: () -

*Email:

There are two options in this drop-down menu: “individual” and “legally-incorporated entity.” Select the first if you are an individual or family property owner, and the second if you are an LLC, LP, GP, etc.

If you are an individual owner, you should enter your Social Security Number here (XXX-XX-XXXX format). If you are a business entity, please refer to pages 4-5 on the [IRS Form W-9](#) to find the appropriate Taxpayer Identification Number (SSN or EIN) to enter here. This should be what you use to file taxes with the NJ Division of Taxation.

Mandatory Eligibility Question

- This Mandatory Eligibility question requires you to attest that all the units that you're applying for have rent levels that are at or below the county thresholds listed in the Maximum Rents bubble, adjusted for bedroom size.
- If you charge any of your units rents that are greater than those listed in the Maximum Rents bubble, those units are not eligible for SLEG assistance. If none of your units have rents at or below the Maximum Rent thresholds, you are not eligible for this program. If you answer "no" to this question, your application will not be processed.

Mandatory Eligibility
☐ Yes ☐ No The tenant(s) in your property who missed or reduced their rent payments due to COVID-19 pay less or equal to the rents listed for your county in the Maximum Rents section below*.

Maximum Rents

Bedrooms	Maximum Rent
Studio	\$350.00
1	\$425.00
2	\$550.00
3	\$625.00
4	\$725.00
5	\$825.00

This is a mandatory eligibility question and must be answered to move forward on the application. If you are eligible, you should make sure that "Yes" is selected so that your application can be processed.

These rents will adjust automatically based on the county you selected for your property.

Property Units & COVID-19 Impact

- Next, you'll need to provide a thorough financial accounting of the COVID-19 impacted units in your property and each unit's rent payment over the 4 covered months and the 4 months directly preceeding the covered period. We ask for 8 months of history so we can compare pre-COVID rent payments to post-COVID rent payments.
- Remember, SLEG assistance is awarded on a unit-by-unit basis. Only apply for assistance for properties with units that:
 - Meet the eligibility requirements **AND**
 - Have rents at or below the rents listed in the Maximum Rents bubble **AND**
 - Have been negatively impacted by COVID-19

Property Units & COVID-19 Impact ⓘ

Unit	Size	Deficient Rent
No records to display.		
Insert		

Click "Insert" to add a unit to your application.

Property Units & COVID-19 Impact cont'd.

- You will need to fill out this chart for each eligible COVID-19 impacted unit in your property.

Property Units & COVID-19 Impact

Unit	Size	Deficient Rent
Building No.: <input type="text"/>		
Unit No.: <input type="text"/>		
No. Bedrooms: <input type="text" value="0"/>		
Tenant Move-in Date: <input type="text" value=""/>		
Lease Term: <input type="text" value="0"/> months		
Total Rent Deficit: <input type="text" value="\$0.00"/>		

Month	Rent Due	Rent Received
December 2019	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
January 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
February 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
March 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
April 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
May 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
June 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>
July 2020	<input type="text" value="\$0.00"/>	<input type="text" value="\$0.00"/>

[Calculate Rent Deficit](#)

[Clear Entry](#)

No records to display.

Total Rent Deficit: \$

To calculate your rent deficit, please hit "Calculate Rent Deficit". To clear your numbers, please hit "Clear Entry"

If your property has more than one building, list the number of the building in which the unit is located. If your property only has one building, write "1."

List the unit number here in the way that it's known to the tenant (e.g., "1A," "2-B," "3").

List the number of bedrooms in the unit ("0" for studio, "1" for 1-bed, etc.)

List the date on which the current tenant first moved in.

List the term of the lease for this unit (e.g., "1" if month-to-month lease, "12" if 1-year lease, "24" if 2-year lease).

This number is auto-calculated by the application portal. It equals the sum of the "Rent Due" values for April, May, June, and July minus the sum of the "Rent Received" values for April, May, June, and July. This tells us how much rent your tenant wasn't able to pay during this 4-month period.

List the amount of "Rent Due" for each of the 8 months listed here, and the amount of "Rent Received." "Rent Due" is the amount of rent you charge per month, and it should match the amount on the lease you provide. "Rent Received" is any rent received by or on behalf of the tenant occupying the unit. If the tenant receives rental assistance of any kind (e.g., Section 8 Housing Choice Voucher) or used their security deposit in lieu of rent, these sources of rent should be accounted for in amount of "Rent Received." We ask for rent history for December to March to verify that rent non-payment between April and July is actually due to COVID-19.

Note: Units cannot be vacant during the period.

Note: If your units are above maximum rents or no information is added, you will not be able to proceed forward.

Property Units & COVID-19 Impact, cont'd.

NJHMFA Small Landlord Emergency Grant Program [Logout](#)

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Property Units & COVID-19 Impact

	Unit	Size	Deficient Rent
	1 -A	2	2800
	1 -B	2	800
	1 -C	2	3120

[Insert](#)

Total Rent Deficit: \$6720

Upload Unit Documents

Upload the Lease for the each unit

Unit 1 - A Tenant Lease
[No Documents] [Upload](#)

Unit 1 - B Tenant Lease
[No Documents] [Upload](#)

Unit 1 - C Tenant Lease
[No Documents] [Upload](#)

Print Forms

Form Name
W-9 Form [Download](#)

Upload Documents

Document Name	Download	Upload
Proof of Rent Deficit		Upload
W-9 Form (Completed)		Upload

- You must add a financial accounting for every unit that you're request SLEG assistance for. If you've added multiple units to your application, you'll see a summary appear, including the unit identifier, the bedroom size, and the amount of deficient rent accrued between April and July.
- You'll need to upload a lease (signed and dated by landlord and tenant, with the lease term and rent amount listed) for EVERY unit that you list on your application. [Click here](#) to see an example.
- You'll also need to upload other documents that apply to your entire rental property: 8 months worth of financial records to prove loss of rental income covering the period just before the COVID-19 outbreak (December 2019 to March 2020) and period immediately after the COVID-19 outbreak (April to July 2020) and a W-9 form for each rental property receiving assistance.

To edit the entry for a unit, press the pencil icon. To delete the entry, press the trash icon. **Note:** Unit must be highlighted as shown here to edit.

To upload a lease for a unit, click on the "Upload" button.

If there was a change of tenancy between December and July, upload all leases that were valid during this time period. You can add a second, third, etc. lease for a unit by clicking on the "Add Page" button to the right of the "Upload" button.

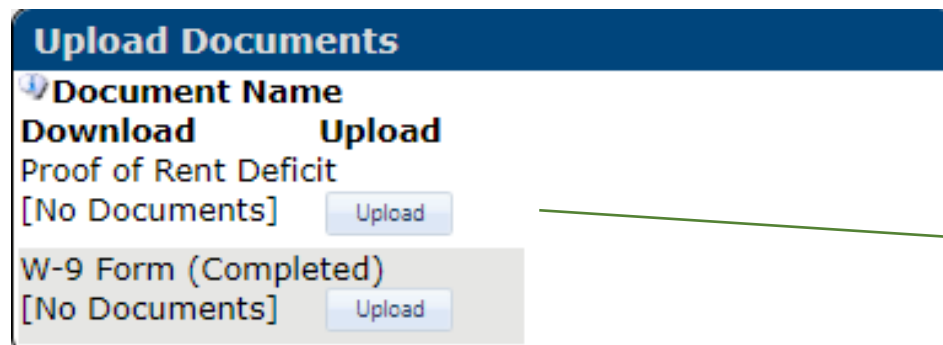
You will be required to submit a completed W-9 to ensure payment is possible in a timely fashion. You may download a copy of a W-9 by click the "download" button. It must then be filled out and submitted by hitting the "upload" button.

Please see the next slide for more information regarding proof of rent deficit documentation.

Documentation of Rent Deficit

To document rent deficit, multiple forms of documentation are acceptable if they can adequately provide evidence of the rent deficit that has been identified in the application. You may use:

- Bank statements, financial statements or other transaction statements, such as monetary transfers through applications such as Venmo or Zelle. All documentation must account for the time periods pre- and post-COVID outbreak: December 2019 to March 2020 and April to July 2020.
- Statements should clearly demonstrate a loss in rental revenue between these two time periods by showing payments in the first period and non- or reduced payment in the second period.
- You are encouraged to annotate your records to ensure that NJHMFA reviewers can see when revenue reductions occurred and which units in the property were affected.
- [See this sample bank statement for an example of how to mark up your documentation.](#)
- If you only utilize cash payments that are not deposited, in addition to bank statements, the applicant must submit notarized receipts signed by the landlord and tenant.



Upload Documents

Document Name

Download Upload

Proof of Rent Deficit
[No Documents]


W-9 Form (Completed)
[No Documents]

Please upload documentation for proof of rent deficit by hitting "upload".

Duplication of Benefits Statement

- This section asks you to indicate whether you have applied for any other form of COVID-19 assistance for your rental property. Check “Yes” if you applied for any other federally-funded COVID-19 relief programs.
- Checking “Yes” will not necessarily disqualify you, but we reserve the right to adjust your award amount if you have received federal assistance from other sources.

This application cannot be processed unless this attestation is made.



Duplication of Benefits Affidavit	
<p>This affidavit must be completed by all persons and/or businesses that are applying for, been awarded and/or receiving any assistance funded by the Small Landlord Emergency Grant (SLEG) Program being offered by the New Jersey Housing and Mortgage Finance Agency (NJHMFA). The information within this affidavit will provide the NJHMFA with vital information processing the application required by the Stafford Act Section 312 on Duplication on Benefits (DOB). NJHMFA will complete a DOB analysis to determine the amount of CARES Act funding received. If approved for a grant from the SLEG program, applicant acknowledges that the SLEG grant amount will be adjusted to account for any DOB as determined by NJHMFA.</p>	
<input type="checkbox"/> I am the Primary Property Owner and an authorized signer for the above listed property, and I hereby state and certify to the United States Federal Government and to NJHMFA as follows:	
<i>Other COVID-19 Assistance</i>	
Have you applied for COVID-19 assistance through any of the following programs?	
<input type="radio"/> Yes	New Jersey Economic Development Authority Small Business Emergency Assistance Grant Program (Phase 1)
<input type="radio"/> No	
<input type="radio"/> Yes	New Jersey Economic Development Authority Small Business Emergency Assistance Grant Program (Phase 2)
<input type="radio"/> No	
<input type="radio"/> Yes	New Jersey Economic Development Authority Small Business Emergency Assistance Loan Program
<input type="radio"/> No	
<input type="radio"/> Yes	New Jersey Redevelopment Authority Small Business Lease Emergency Assistance Grant Program
<input type="radio"/> No	
<input type="radio"/> Yes	Any other federal, state, or local assistance funded through the federal CARES Act
<input type="radio"/> No	
<input type="radio"/> Yes	HMFA's Small Landlord Emergency Grant Program, Round 1: Open from August 19, 2020 through August 26, 2020.
<input type="radio"/> No	

Certification of Application

- This section asks you to make a number of important legal attestations. If you select “No” for any of these questions, your application will not be processed.

NJHMFA Small Landlord Emergency Grant Program [Logout](#)
[Home](#) > [New NJ Application](#)

Certification of Application

Eligibility of financial assistance by the New Jersey Housing and Mortgage Finance Agency (NJHMFA) is determined by the information presented in this application. Any changes in the status of the proposed project from the facts presented herein could disqualify the project.

I, THE UNDERSIGNED, BEING DULY SWORN OR AFFIRMED UPON MY OATH SAY:

<input type="radio"/> Yes <input type="radio"/> No	I certify that the information contained in this application is true and accurate to the best of my ability. I understand that if such information is willfully false, I am subject to criminal prosecution under N.J.S.A. 2C:28-2 and civil action by the NJHMFA, which may at its option terminate its financial assistance.
<input type="radio"/> Yes <input type="radio"/> No	I certify that I am current on all local and state taxes. I understand that my SLEG funding may be subject to repayment if it is determined that I have an outstanding local or state tax liability. I further understand that HMFA reserves the right to require applicant to submit a tax clearance certificate as provided by the NJ Division of Taxation. I further understand that if my certification with regard to tax liability owed to the State of New Jersey is false or misleading in any respect.
<input type="radio"/> Yes <input type="radio"/> No	I authorize the New Jersey Department of Community Affairs to verify any answer(s) contained herein through a search of its records, or records to which it has access, and to release the results of said research to the NJHMFA.
<input type="radio"/> Yes <input type="radio"/> No	I certify and agree that, if awarded the grant, I will not seek payment of outstanding back rent and any applicable late fees accumulated between April and July 2020 from any tenant whose missed rental payments were used as the basis of the claim for assistance. I certify and agree that I will not begin an eviction proceeding based on the rental payments missed by these tenants during the aforementioned time period. I understand that this certification may be used as evidence of payment of rent should I attempt to collect these payments from the existing tenants identified in my application. A material breach of this certification may result in the NJHMFA seeking repayment of the grant. I further understand and agree that NJHMFA may provide written verification of any grant funds received to the tenant of the unit aided by the SLEG funds.
<input type="radio"/> Yes <input type="radio"/> No	I certify that the Applicant has been negatively impacted by the COVID-19 pandemic and declared state of emergency (e.g., tenants have missed or reduced rent payments).
<input type="radio"/> Yes <input type="radio"/> No	I authorize the NJHMFA to provide information submitted in this application to other State entity/entities which might participate in the requested grant with the NJHMFA. I further authorize the NJHMFA to provide information submitted in this application to a State entity/entities for Duplication of Benefit (DOB) analysis purposes, and I authorize the NJHMFA to review information submitted by other State entities regarding an applicant for DOB analysis purposes.

■ [Requirements](#)

<input type="radio"/> Yes <input type="radio"/> No	I certify that the Applicant has been negatively impacted by the COVID-19 pandemic and declared state of emergency (e.g., tenants have missed or reduced rent payments).
<input type="radio"/> Yes <input type="radio"/> No	I authorize the NJHMFA to provide information submitted in this application to other State entity/entities which might participate in the requested grant with the NJHMFA. I further authorize the NJHMFA to provide information submitted in this application to a State entity/entities for Duplication of Benefit (DOB) analysis purposes, and I authorize the NJHMFA to review information submitted by other State entities regarding an applicant for DOB analysis purposes.
<input type="radio"/> Yes <input type="radio"/> No	I acknowledge and understand that Title 19 United States Code Section 1001:(1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement of representation: OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.
<input type="radio"/> Yes <input type="radio"/> No	I authorize that an electronic signature of this Application and any Approval Letter shall be a binding agreement on the parties.

Confirmation

Pursuant to written policy, the New Jersey Housing and Mortgage Finance Agency allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to bound by electronic signatures.

<input type="radio"/> Yes <input type="radio"/> No	I, Applicant of this application, agree to be bound by electronic signature.
<input type="radio"/> Yes <input type="radio"/> No	I, Applicant, am an authorized signer for this Property, and I accept the above terms and conditions.
<input type="radio"/> Yes <input type="radio"/> No	The information I have provided herein is accurate and truthful to the best of my knowledge.

[Submit Finished Application](#)

[Save but DO NOT Submit](#)

■ [Requirements](#)

Confirmation

- The Confirmation section requires you to confirm that all the information you provided in the application is correct and asks you to validate its truthfulness in the form of an electronic signature. If you select “No” for any of these questions, your application will not be processed.
- Once you have completed your application, you may either select “Submit Finished Application,” or “Save but DO NOT Submit.” The first option will submit your application to NJHMFA, while the second option allows you to save your work and submit at a later time.

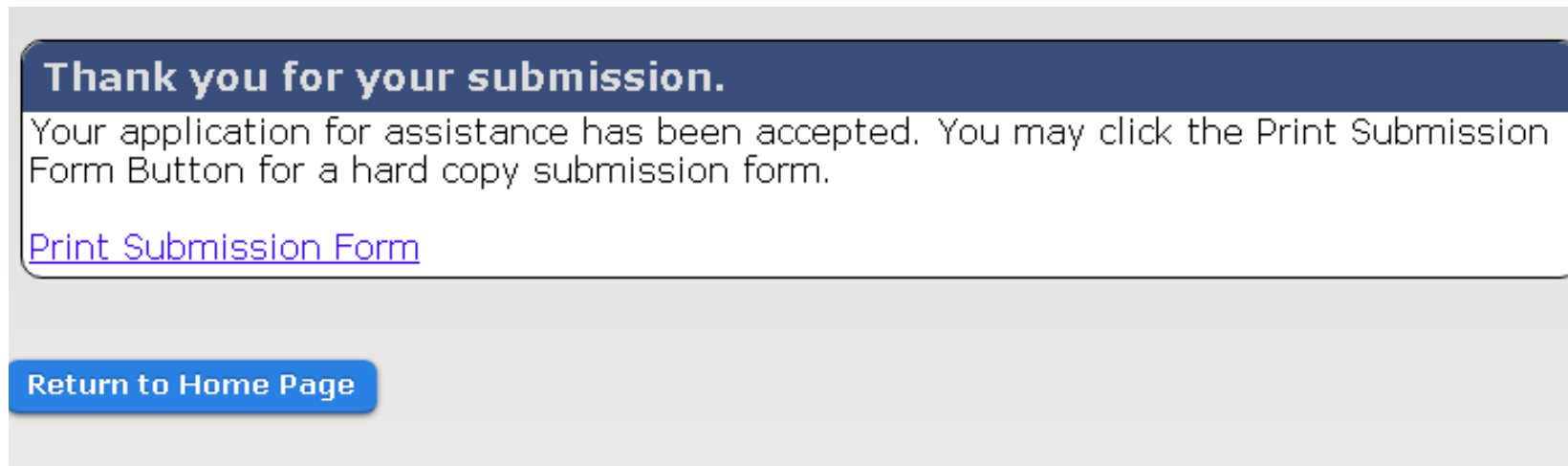
You should make sure that “Yes” is selected in order for your application to be processed.

Only the Primary Property Owner as registered with DCA is an “authorized signer” for the property.

Confirmation	
Pursuant to written policy, the New Jersey Housing and Mortgage Finance Agency allows documents to be signed electronically and hereby agrees to be bound by such electronic signatures. Please confirm that you, as a signatory to this document, also agree to bound by electronic signatures.	
<input type="radio"/> Yes <input type="radio"/> No	I, Applicant of this application, agree to be bound by electronic signature.
<input type="radio"/> Yes <input type="radio"/> No	I, Applicant, am an authorized signer for this Property, and I accept the above terms and conditions.
<input type="radio"/> Yes <input type="radio"/> No	The information I have provided herein is accurate and truthful to the best of my knowledge.

Application Submitted

- If your application is successfully submitted, you will see the following message. We recommend that you “Print Submission Form” and retain this document for your records.
- If you have another eligible property, click on “Return to Home Page” and start a new application.



Home Screen After Submission

- Once you have started working on or submitted an application, you will see the application in your Home Page workspace.
- The “Status” section of the list will change as NJHMFA Reviewers evaluate your application.
- You will receive a notification by email any time your application status is changed, but we recommend that you check back at least once every few days to ensure that you don’t miss any updates. We also recommend checking your trash/spam folders to ensure that notifications are not lost.

The screenshot shows the 'Home' page of the NJHMFA Small Landlord Emergency Grant Program. The page has a dark blue header with the program name and a 'Home' link. Below the header is a grey sidebar with a menu icon. The main content area features two sections: 'Property Manager Details' and 'Managed Landlord Assistance Properties'.

Property Manager Details (with a 'Help' icon):

- Number:** 8
- Name:** John Smith
- Assigned Staff:** 0
- Mailing Address:** John Smith, 1 Main Street, Trenton, NJ 08601, Main: 123-456-7890

Managed Landlord Assistance Properties (with a green instruction: *To work on a current application, please select the property from the list below.*):

Property Name	City	Status
3469 Test Property	Trenton	Application Submitted